

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/583 150

FILING DATE

APPLICANT(S)

CLAIMS

①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7				1		
8				1		
9				1		
10				1		
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50						
TOTAL IND.	2	↓	1	↓	0	↓
TOTAL DEP.	8	←	9	←	0	←
TOTAL CLAIMS	10		10		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	